OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT HOSPITAL DISCHARGE ABSTRACT DATA RECORD MANUAL ABSTRACT REPORTING FORM

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For use with discharges on or after January 1, 2004

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements (Title 22, Sections 97216 through 97233)

1. TYPE OF CARE 1 Acute 5 Chem Dep 3 SN/IC 6 Physical Rehab	1a. HOSPITA	AL NUMBER	17. ABSTRAC	T RECORD NUMBER (Optional)
Psychiatric 2. DATE OF BIRTH	20. PATIEN	T'S SOCIAL SECURITY I	NUMBER	3. SEX
Month Day Year (4 - Digit)	(000 00	0 0001 If not recorded in the n	nedical record)	1 Male 3 Other 2 Female 4 Unknown
4. RACE: ETHNICITY 1 Hispanic 2 Non-Hispanic 3 Unknown	RACE 1 White 2 Black 3 Native Ame		ific	5. ZIP CODE
6. ADMISSION DATE	9. DISCHAR	RGE DATE		16. TOTAL CHARGES
Month Day Year (4 - Digit)	Мо	onth Day Year (4 - Digit)	(Report whole dollars only, right justified)
7. SOURCE OF ADMISSION: SITE 1 Home 6 Other Inpatient 2 Residential Hospital Care Care Facility 7 Newborn 3 Ambulatory 8 Prison/Jail Surgery 9 Other 4 SN/IC 5 Acute Inpatient Hospital Care	LICENSURE 1 This Hospi 2 Another Hospital 3 Not a Hospital	ital 1 <u>Your</u> 2 Not <u>\</u>		8. TYPE OF ADMISSION 1 Scheduled 2 Unscheduled 3 Infant, under 24 hrs old 4 Unknown
15. EXPECTED SOURCE OF PAYMENT: PAYER CATEGORY 01 Medicare 06 Other Government 02 Medi-Cal 07 Other Indigent 03 Private Coverage 08 Self Pay 04 Workers' 09 Other Payer Compensation 05 County Indigent Programs	ent	TYPE OF COVERAG 1 Managed Care - Knox - Keene/ MCOHS 2 Managed Care - Of 3 Traditional Coverage	ther	NAME OF PLAN (0001 - 9999 Plan Code Number)
14. DISPOSITION OF PATIENT: 01 Routine (Home) 07 SN/IC Within This Hospital 08 Residential 02 Acute Care 09 Prison/Jail 03 Other Care 10 Against Me 04 SN/IC 11 Died To Another Hospital 12 Home Heal 05 Acute Care 13 Other 06 Other Care (Not SN/IC)	dical Advice	21. PREHOSPITAL ORESUSCITATION DNR orders at adm within 24 hrs of adm Y = Yes N = No	N ission or	E - CODES: 18. PRINCIPAL E

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CODE	AL PROCEDURE		
N = No			
11. OTHER DIAGNOSES	7		
ADMISSION a.	_		
b.	_		
c.]		
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